## APPLICATION DATA SHEET

**Application Information**

Application number::

Filing Date::

Application Type::                          Regular

Subject Matter::                            Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::                           None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::             No

Number of copies of CRF::

Title ::                                    SINGLE-USE CONTAINER

Attorney Docket Number::                    191113.401

Request for Early Publication?::            No

Request for Non-Publication?::              No

Suggested Drawing Figure::

Total Drawing Sheets::                      5

Small Entity?::                             Yes

Petition included?::                        No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?::            No

## First Applicant Information

| | |
|---|---|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Travis |
| Middle Name:: | S. |
| Family Name:: | Carter |
| Name Suffix:: | |
| City of Residence:: | Kennewick |
| State or Province of Residence:: | WA |
| Country of Residence:: | US |
| Street of mailing address:: | 320 West 10$^{th}$ Avenue #104 |
| City of mailing address:: | Kennewick |
| State or Province of mailing address:: | WA |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 99336 |

## Correspondence Information

Correspondence Customer Number :: **00500**

## Representative Information

| Representative Customer Number:: | | **00500** |
|---|---|---|

## Domestic Priority Information

| Application :: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---|---|---|---|
| | | | |
| | | | |

Initial    06/19/03

| Application :: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---|---|---|---|
| | | | |

## Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|---|---|---|---|
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## Assignee Information

| | |
|---|---|
| Assignee name:: | |
| Street of mailing address:: | |
| City of mailing address:: | |
| State or Province of mailing address:: | |
| Country of mailing address:: | |
| Postal or Zip Code of mailing address:: | |

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